

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

100-60

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 APR 30 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO5000116056

**1. Corporation Name**

Magnolia Wood North, LLC  
dba America's Mattress

**2. Principal Office Address - No P.O. Box #**

3220 Apalachee Pkwy

Suite, Apt. #, etc.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Tallahassee FL 32311

City & State

Zip

Country

32311

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12-5-05

**5. FEI Number**

☒ Applied For  
☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CRAIG JOHNSON

Street Address (P.O. Box Number is Not Acceptable)

2890 Frog's Leap Way

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Craig R Johnson

REGISTERED AGENT MUST SIGN

Date 4/27/07

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	CRAIG JOHNSON	2890 Frog's Leap Way	Tallahassee FL 32309
Sec/Treas	Peggy Olive Johnson	" " " "	" " "

500102526125  
05/15/07--01038--025 \*\*300.00

REINSTATEMENT 06-07

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

Craig R Johnson CRAIG JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

850-8774873

Daytime Phone #